



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687



EMS Course Summary Report

(To be sent to KBEMS within 2 weeks of course completion)

Date of Report: _____

Name of Training and Educational Institution: _____

Course Number: ____ - ____ - ____ - FR – B – P – EI – CE – Z (Circle One)

Chief Administrative Officer Name & Phone #: _____

Medical Director (if required) Name & Phone #: _____

Program Coordinator Name & Phone #: _____

The location for this course: _____

Course starting date: _____ Course ending date: _____

Instructor Name: _____

Instructor Certification Number: _____

Instructor Phone Number: _____

Instructor Email Address: _____

Signature of Program Coordinator
Or Instructor

Date

Complete the student roster sheet.

Within two (2) weeks of course completion, complete and return the Course Summary Report to the KBEMS office.